

RECEIPT.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Kazuhisa MATSUDA

Serial Number: 09/489,473

Group Art Unit: 1772

Filed: January 21, 2000

Examiner: Unknown

For: SUTURABLE ADHESION-PREVENTING MEMBRANE

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner
for Patents
Washington, D.C. 20231

June 26, 2000

Attn: Office of Initial Patent Examination's
Customer Service Center

Sir:

A corrected filing receipt is respectfully requested for the
above-identified application.

The filing receipt incorrectly identifies the title of the
invention as "SUITABLE ADHESION-PREVENTING MEMBRANE". The title of
the invention should be --SUTURABLE ADHESION-PREVENTING MEMBRANE--.

A copy of the declaration is enclosed. A copy of the filing
receipt with the error marked in red is also enclosed.

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U.S. PATENT APPLN. S.N. 09/489,473
REQUEST FOR CORRECTED FILING RECEIPT

In the event any fees are required, please charge our Deposit
Account No. 111833.

Respectfully submitted,

KUBOVCIK & KUBOVCIK



Keiko Tanaka Kubovcik
Reg. No. 40,428

Atty. Case No. NISS-049
The Farragut Building
Suite 710
900 17th Street, N.W.
Washington, D.C. 20006
Tel: (202) 887-9023
Fax: (202) 887-9093
KTK/llp

Enclosures: Declaration
Marked-up Filing Receipt

FILING RECEIPT



OC00000005112667

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/489,473	01/21/2000	1772	1288	NISS-049	6	33	6

20374
KUBOVCIK & KUBOVCIK
SUITE 710
900 17TH STREET NW
WASHINGTON, DC 20006

Date Mailed: 05/12/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

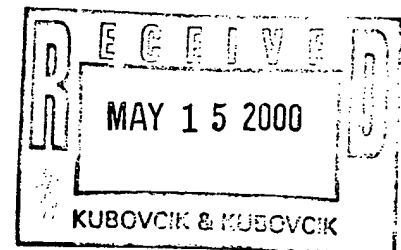
Applicant(s)

Kazuhisa Matsuda, Osaka-fu, JAPAN;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 03/28/2000



Title **SUTURABLE**
~~Suturable~~ adhesion-preventing membrane

Preliminary Class
428

Data entry by : HARDY, EUGENIA

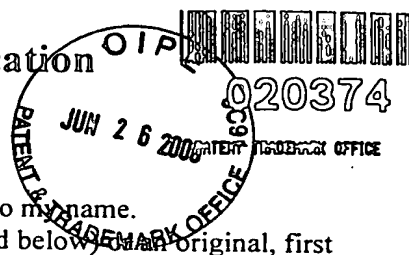
Team : OIPE

Date: 05/12/2000

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Declaration For U.S. Patent Application



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or the original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled (INSERT TITLE) SUTURABLE ADHESION-
 PREVENTING MEMBRANE,
 the specification of which

(Check one of 1, 2, or 3.)

1. is attached hereto.
2. was filed on _____ as
 International PCT Application No. _____
 and was amended on _____
 (if applicable)
3. X was filed on _____ as
 U.S. Application Serial No. _____
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

(List prior foreign applications.)

<u>11-12625</u>	<u>Japan</u>	<u>January, 21, 1999</u>	<u>X</u> Yes <u> </u> No
(Number)	(Country)	(Day/Month/Year Filed)	
<u>11-85477</u>	<u>Japan</u>	<u>March 29, 1999</u>	<u>X</u> Yes <u> </u> No
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<u> </u> Yes <u> </u> No
(Number)	(Country)	(Day/Month/Year Filed)	

Priorly Claimed

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 See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, § 120, of any United States patent application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)

And I hereby appoint as principal attorney and agent Ronald J. Kubovcik, Reg. No. 25,401; and Keiko T. Kubovcik, Reg. No. 40,428.

Docket No. _____

Please direct all communications to the following address: ✓

Kubovcik & Kubovcik
The Farragut Building
Suite 710
900 17th Street, N.W.
Washington, D.C. 20006
Phone: (202) 887-9023
Fax: (202) 887-9093



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or sole inventor: Kazuhisa MATSUDAInventor's Signature: Kazuhisa Matsuda Date: February 4, 2000Residence: c/o NISSHO CORPORATION, 9-3, Honjo-nishi 3-chome, Kita-ku, Osaka-shi, Osaka-fu,
531-8510, JapanCitizenship: JapanPost Office Address: Same as residence

Full name of first or sole inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of first or sole inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of first or sole inventor: _____

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Bib Data Sheet

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SERIAL NUMBER 09/489,473	FILING DATE 01/21/2000 RULE -	CLASS 428	GROUP ART UNIT 1772	ATTORNEY DOCKET NO. NISS-049
APPLICANTS Kazuhisa Matsuda, Osaka-fu, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/28/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 33 INDEPENDENT CLAIMS 6
ADDRESS 20374				
TITLE Suturable adhesion-preventing membrane				
FILING FEE RECEIVED 1288	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees (Filing)	
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	
			<input type="checkbox"/> 1.18 Fees (Issue)	
			<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Credit		

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